# City of San Jose Healthy Neighborhoods Lifestyle Survey
## For Parents of Children 0 to 5 Years - FY 2009-10
### Agency Name—(Optional)Program Identification

Please fill out the following survey on the impact of the *Agency Name—(Opt.ProgID)* program on your child. Your input will help us continue to assist other children. Your opinion of our program is important to the people who provide funding for us to serve your child. Please take a few minutes and answer the following questions. Thank you.

Please fill in your child's birth date: Month ____ Day _____ Year ____     Today's Date: _____

Please give us the first and last initials of your child's name: First Initial ___     Last Initial ___

**Please put an X in the box that describes your opinion:**
**1.** I think the program and activity my child participated in was:

☐ Poor          ☐ Fair          ☐ Good          ☐ Great

**2**. How much did your child benefit from this program and its activities?

☐ Not at all          ☐ Some          ☐ A lot

**3.** How much did the people who ran the program care about your child?

☐ Not at all          ☐ Some          ☐ A lot

**4**. Do you think this program would help another family's child?

☐ A lot          ☐ Some          ☐ Not at all

**Please put an X in the box that best describes your child's health today, mental and physical:**
**5**. My child's health overall is:

☐ Poor          ☐ Fair          ☐ Good          ☐ Excellent

| Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of this program..." (Check or "X") | Better | Worse | The Same | Don't Know |
|---|---|---|---|---|
| **6.** Because of this program, my child's ability to master skills is: | | | | |
| **7.** Because of this program, my child's level of active participation in his/her daily life is: | | | | |
| **8.** Because of this program, my ability to be my child's first teacher is: | | | | |
| **9.** Because of this program, my child's ability to play with other children is: | | | | |
| **10.** Because of this program, my appreciation of my child's unique qualities is | | | | |
| **11.** Because of this program, my child gets along with others: | | | | |
| **12.** Because of this program, I am practicing healthy habits that benefit my child: | | | | |
| **13.** Because of this program, I know who to ask about keeping my child healthy: | | | | |
| **Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Because of this program..." (Check or "X")** | **More** | **Less** | **The Same** | **Don't Know** |
| **14.** Because of this program, my child's ability to spend time with new people of all ages, both young and old, is: | | | | |